SUPERIOR HEALTH PLAN

Specific policy administered by National Imaging Associates, Inc. (NIA)

National Imaging Associates, Inc.	
Clinical guidelines **OUTPATIENT HABILITATIVE PHYSICAL AND OCCUPATIONAL THERAPY**	**Original Date: November 2015**
Physical Medicine – Clinical Decision Making	**Last Revised Date: February 2024**
Guideline Number: NIA_CG_603	**Implementation Date: July 2024**

*** Refers to health plan specific Medicaid language [18]**

Table of Contents

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Statement

Habilitative physical and occupational therapy services should be provided in a clinic, office, home, or in an outpatient setting and be ordered by wither a primary care practitioner or specialist unless otherwise directed by state law or statute.

Purpose

This guideline describes the documentation requirements for an episode of care for outpatient habilitative physical or occupational therapy.

All recommendations in this guideline reflect practices that are evidence-based and/or supported by broadly accepted clinical specialty standards.

Scope

This guideline applies to all physical medicine practitioners. Services are not considered a skilled therapy service because it is furnished by a therapist or by a therapy assistant under the direct or general supervision of a therapist. If a service can be self-administered safely and effectively by an unskilled person without the direct supervision of a therapist, then the service cannot be regarded as a skilled therapy service even though a therapist rendered the service. The unavailability of a competent person to provide a non-skilled service, notwithstanding the importance of the service to the patient, does not make it a skilled service when a therapist renders the service.

National Imaging Associates will review all requests resulting in adverse determinations for Medicaid members for coverage under federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines.[1, 2]

Requirements

The following criteria must be addressed to justify the medical necessity of the prescribed treatment. Medically necessary services are reasonable or necessary and require:

- Specific training, skills, and knowledge of a physical or occupational therapist to:
    - Diagnose, correct, or significantly improve/optimize a condition

    - Prevent deterioration or development of additional physical and mental health conditions
- Complexity of care that can only be safely and effectively performed by or under the general supervision of a skilled therapist

Documentation [3, 4]

- Have written referral from primary care practitioner or other non-physician practitioner (NPP) if required by state guidelines.
- Physical and occupational therapy initial evaluations and re-evaluations that include:
    - Patient history such as recent illness, injury, or disability
    - Diagnosis and date of onset and/or exacerbation of the condition.
    - Prior and current level of function
        - Identification of any underlying factors that have impacted current functional performance must also be noted.
    - Re-evaluations must be performed annually at a minimum to show progress.
        - Support ongoing delays or functional deficits and medical necessity for continued services
        - With current objective measures to show significant progress and support ongoing delays
        - Should include updated formal testing
        - Re-evaluations should include updated formal testing that is
            - Age-appropriate
            - Norm-referenced
            - Standardized
            - Specific to the therapy provided.
- Skilled services are not also being provided by other community service agencies and/or school systems
    - Document coordination of services with other agencies
    - Document unavailable services
- Evidence that the services are considered reasonable and effective treatments requiring the skills of a therapist
    - In determining whether a service requires the skill of a licensed physical and occupational therapist or speech language pathologist, considerations must be given to the inherent complexity of the service, the condition of the member, the accepted standards of medical and therapy practice guidelines, with consideration of the following: [18]
        - If the service could be performed by the average nonmedical person, the absence of a competent person (such as a family member or medical assistant) to perform it does not cause it to be a skilled therapy service.
        - If the nature of a service is such that it can be safely and effectively performed

by the average nonmedical person without direct supervision of a licensed therapist, the services cannot be regarded as skilled therapy.

- Clinical updates at regular intervals or when additoinal care is requested and include:
  - Current objective measures
  - Progress towards goals
  - Requested frequency and duration of care
  - The patient's currently level of function
  - Any conditions that are impacting their ability to benefit from skilled intervention
  - Objective measures of the patient's overall functional progress relative to each treatment goal as well as a comparison to the previous progress report
  - Skilled treatment techniques that are being utilized
  - Explanation of any significant changes in the plan of care and clinical rationale for why the ongoing skills of a PT/OT are medically necessary
  - Evidence of discharge planning
- Maintenance programs
  - Skilled interventions rendered and objective details of how these interventions are preventing deterioration or making the condition more tolerable
  - Evidence that the specialized judgement, knowledge, and skills of a qualified therapist (as opposed to a non-skilled individual) are required for the safe and effective performance of services

Evaluation [5]

- Habilitative Physical or Occupational Therapy
  - Measurable improvement and progress towards functional goals within an anticipated and reasonable timeframe toward a patient's maximum potential
  - Treatment is reasonable and appropriate for an individual with a progressive disorder and has the potential to prevent the loss of a functional skill or enhance the adaptation to such functional loss
  - Ongoing treatment is not appropriate when a steady state of sensorimotor functioning or treatment has yielded no measurable functional progress over a reasonable amount of time.
- Establishing a delay or deficit
  - Formal testing/functional assessments [6,7]
    - Test scores should meet the following criteria to establish presence of a motor or functional delay:
    - Tests used must be norm-referenced, standardized, and specific to the therapy provided.[18]
    - Eligibility for therapy will be based upon a score that falls 1.5 standard deviations (SD) or more below the mean (or at or below 10th percentile) in at least one subtest area of composite score on a norm-referenced, standardized test. Raw scores must be reported along with score reflecting

SD from mean.[18]
- When the member's test score is less than 1.5 SD below the mean, a criterion- referenced test along with informed evidenced-based clinical opinion must be included to support the medical necessity of services and will be sent to determine medical necessity.[18]
- If a child cannot complete norm-referenced standardized assessments, then a functional description of the child's abilities and deficits must be included. Measurable functional short and long term goals will be considered along with test results. Documentation of the reason a standardized test could not be used must be included in the evaluation[18]
- Test information must be linked to difficulty with or inability to perform everyday tasks.
- Orthopedic diagnoses not related to functional delay should include appropriate tests and measures specific to the deficit and the therapy provided.
- At minimum, re-testing must occur yearly, but may occur every 180 days.
    - Providers must assess patient status with the same testing instrument used in the initial evaluation or explain the reason for the change in the documentation.

- In the case of feeding difficulties, the notes must clearly indicate a functional feeding delay as a result of underlying impairments.
    - Indications of a delay may include:
        - Gagging/choking
        - Oral motor or upper extremity coordination deficits
        - Maladaptive behaviors due to a food intolerance/aversion preventing adequate oral intake that contribute to malnutrition or decreased body mass index.
    - If the delay is the result of fine/oral motor or sensory delays or deficits, testing and detailed clinical observations of oral motor skills should be included in the documentation.
    - Parent report of limited food choices is not adequate to support the medical need for feeding therapy.
    - Evidence of ongoing progress and a consistent home regimen to facilitate carry-over of target feeding skills, strategies, and education of member, family, and caregiver.
    - Therapies are not medically necessary for picky eaters who
        - Can eat and swallow normally meeting growth
        - Meet growth and development milestones
        - Eat at least one food from all major food groups (protein, grains, fruits, etc.)
        - Eat more than 20 different foods

Treatment Goals [8,9]

- Detail type, amount, duration, and frequency of therapy services required to achieve targeted outcomes
- Short and long-term goals <u>should</u>:
    - Be SMART: specific, measurable, attainable, relevant, and timed [10]
    - Include the date the goal was established and the date the goal is expected to be met
    - Target the functional deficits identified during the assessment and promote attainment of age-appropriate developmental milestones, functional mobility and/or ADL skills
- Short and long-term functional goals **<u>should NOT</u>**:
    - Have underlying factors (performance skills, client factors, the environment) as the targeted outcome of long-term goals
    - Have underlying factors (strength, range of motion, cognition) as the sole focus of short-term goals
- Interventions must be:
    - Evidence-based, requiring the skills of a therapist to perform and/or teach the task
    - Chosen to address the targeted goals
    - Representative of the best practices outlined by the corresponding national organizations
    - Considerate of functional limitations outlined in the most recent evaluation/assessment
    - Promote motor learning or relatively permanent differences in motor skill capability that can be transferred and generalized to new learning situations
    - Explicitly linked to the target goal/outcome they address
- If the patient is not progressing, documentation of a revised treatment plan is necessary, and must include specific barriers to progress

Frequency and Duration [11, 12, 13]

- Must be supported by skilled treatment interventions regardless of level of severity of delay
- Include reasonable or anticipated timeframe to meet the established goals
    - If goals are not met withing the expected timeframe, documentation should explain why they were not met and if the plan of care was adjusted accordingly
        - If the plan of care is not adjusted, documentation must demonstrate why the skills of a therapist are still medically necessary to address the goals
- Must be commensurate with:
    - Patient's level of disability
    - Medical and skilled therapy needs

    - Accepted standards of practice
    - Reflecting clinical reasoning and current evidence.
- Frequency is not for the convenience of the member or the responsible adult[18]
- When therapy is initiated, the therapist must provide education and training of the member and responsible caregivers, by developing and instructing them in a home treatment program to promote effective carryover of the therapy program and management of safety issues[18]
- High frequencies (3x/week or more, for a short duration of 2 – 6 weeks)
    - Considered when documented delays are classified as severe as defined by the specific test utilized and supported by corresponding testing guidelines used in the evaluation
        - Include documentation and testing supporting a medical need to achieve an identified new skill or recover function with specific, achievable goals within the requested intensive period and details on why a higher frequency is more beneficial than a moderate or low frequency
    - Considered when the treatment plan is rapidly evolving necessitating frequent updates to the home program
    - Necessary in the acute phase
        - Progressive decline in frequency is expected within a reasonable time frame
    - Therapy provided three times a week may be considered for 2 or more of these exceptional situations:[18]
        - The member has a medical condition that is rapidly changing
        - The member has a potential for rapid progress (e.g., excellent prognosis for skill acquisition) or rapid decline or loss of functional skill (e.g., serious illness, recent surgery)
    - The member's therapy plan and home program require frequent modification by the licensed therapist[18]
    - Intense frequencies (on a case-by-case basis, > 3x/week for short duration of less than or equal to 4 weeks) which does not meet the above criteria may be considered with all of the following documentation:
        - Letter of medical need from the prescribing provider documenting the member's rehabilitation potential for achieving the goals identified.
        - Purpose of the high frequency requested (e.g., close to achieving a milestone)
        - Identification of the functional skill which will be achieved with high frequency therapy
        - Specific measurable goals related to the high frequency requested and the expected date the goal will be achieved.
- Moderate frequency (2x/week)
    - Consistent with moderate delays as established in the general guidelines of formal assessments used in the evaluation
    - Therapy provided 2x/week may be considered when documentation shows

one or more of the following:

- Patient is making very good functional progress toward goals
- Patient is in a critical period to gain new skills or restore function or is at risk of regression.
- Licensed therapist needs to adjust the member's therapy plan and
- home program weekly or more often than weekly based on the
- member's progress and medical needs.
- Patient has complex needs requiring ongoing education of the responsible adult.
- Each treatment session involves skilled and unique interventions that are not repetitive when compared to recent treatment sessions

- Low frequency (at or less than 1x/week)
  - One time per week or less is appropriate when:
    - Patient is making progress towards their goals and/or progress has slowed
    - Patient is at risk of deterioration due to their medical condition
    - Licensed therapist is required to adjust the patient's therapy plan and home program weekly to every other week based on the member's progress.
  - Every other week therapy is appropriate when:
    - Medical condition is stable
    - Patient is making progress
    - Anticipated the patient will not regress with every other week therapy.
    - As the member's medical need for therapy decreases, it is expected that the therapy frequency will decrease as well[18]
  - Less than every other week is appropriate when:
    - the patient cannot yet tolerate more frequent therapy sessions.
    - The patient has needs that are addressed on a periodic basic as part of comprehensive management in a specialty clinic.
      - Occasional consultation may be appropriate to ensure gains continue, to address emerging concerns, or to help order equipment and train in its use.
- Maintenance Level/Prevent Deterioration (e.g., every other week, monthly, every 3 months)
  - Is appropriate when:
    - Therapy plan changes very slowly
    - Home program is at a level that may be managed by the member or the responsible adult/caregiver
    - The therapy plan requires infrequent updates by the skilled therapist
    - Progress has slowed or stopped (documentation supports that ongoing skilled therapy is required to maintain the progress made or prevent deterioration)
    - Patient may be making limited progress toward goals or that goal attainment is extremely slow.

        - Factors are identified that inhibit the member's ability to achieve established goals
    - Documentation must show the following:
        - Habilitative plan of care has ended, and a new plan of care established for maintenance
        - Goals in the plan of care must be updated to reflect that care is focused on maintaining the current level of functioning and preventing regression, rather than progressing or improving function
            - Skilled interventions rendered and objective details of how these interventions are preventing deterioration or making the condition more tolerable must be provided
        - Patient and responsible caregiver have a continuing need for education, a periodic adjustment of the home program, or regular modification of equipment to meet the patient's needs
        - Specialized judgement, knowledge, and skills of a qualified therapist are required for the safe and effective performance of services.

Discontinuation of Treatment [9, 14]

A discharge plan must be included in the plan of care.

- The discharge plan must indicate the plan to wean services if:
    - Patient has attained their goals
    - No measurable functional improvement has been demonstrated
      Program can be carried out by caregivers or other non-skilled personnel
- For patients no longer showing functional improvement, a weaning process of one to two months should occur.
- Treatment can be discontinued if the patient:
    - Returned to expected baseline level of function
    - Adapted to impairment with assistive equipment or devices
    - Is able to perform ADLs with minimal to no assistance from caregiver
    - Achieved maximum functional benefit from therapy
    - Will no longer benefit from additional therapy
    - Is unable to participate in the treatment plan or plan of care due to:
        - Medical, psychological, or social complications
    - Caregiver received instructions on the home treatment program and is able to demonstrate independence with the program
    - Skills of a therapist are not needed to provide or supervise the service
    - Standardized testing shows the patient no longer has a developmental delay
    - Plateau in response to therapy or lack of significant progress towards therapy goals
    - Is non-compliant
        - Poor attendance of patient or responsible adult
        - With therapy and home treatment program

    - Treatment ceases to be of therapeutic value
- Development of an age-appropriate home regimen to facilitate carry-over of targeted skills and strategies as well as member, family, and caregiver education in home exercises and self-monitoring should be evident in the documentation.
    - Indication of compliance of the home regimen should be documented to show maximum benefit of care.
- Skilled care may be appropriate to resume after discharge if the patient shows signs of regression in function despite a comprehensive home program. Periodic episodes of care may be needed over a lifetime to address specific needs or changes in condition resulting in functional decline.

POLICY HISTORY

Date	Summary
December 2023	• Required test score cut-offs removed, replaced with requirement that any testing method be interpreted in accordance with its scoring method. • Distinction made between high frequency and intense frequency of treatments
December 2022	• Modified the standardized testing requirements • Clarified requirements for picky eaters • Added goals should be written in SMART format • Clarified the need for clinical update documentation • Added the section for goals in the Maintenance Level/Prevent Deterioration section • Clarified the formal testing section and added additional references to support the accepted measures of a significant delay • Minor editorial changes
December 2021	• Added “General Information” statement • Added “resulting in adverse determinations” within the EPSDT statement for clarification • Added “if required” for written referral under the Indication for evaluation and treatment section • Added medical or cognitive status exceptions under the Indications for evaluation and treatment section • Added orthopedic diagnosis expectations under the Indication for evaluation and treatment section • Added clarification for re-evaluation and retesting requirements • Added focus of intervention under intervention section • Added clarification of high, moderate, and low frequency under frequency and duration for skilled services section as this was adapted from the Superior Health Plan Policy • Added Maintenance Level/Prevent Deterioration section • Added clarification for Discontinuation of therapy services section

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Reviewed/Approved by NIA Clinical Guideline Committee

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